

A Global Survey on Pharmacy Workforce

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ABSTRACT: Little work has been carried out to clarify the global status of advanced and/or specialized pharmacy practice scopes and the models under which they operate, considering the increasingly complex treatment and challenging health challenges shaping pharmacy. The present global status of initiatives relating to the advancement of pharmacy practice is defined in this report. Between January and May 2015, a global survey was conducted to collect country-level data from the International Pharmaceutical Federation (FIP) member organization and national contacts from regulatory, technical and government agencies or universities, sending data requests to 109 countries. Data collected were triangulated (comparing different single-country sources, for example), cleaned and analyzed using descriptive and comparative statistics. Full data sets were collected from 48 countries and territories. The results show different structures of advanced pharmacy practice and specialization that are often related to the level of income. The research found that there are differences in terms and meanings, specialization and advanced practice systems, structures of professional recognition, and benefits across countries.

KEYWORDS: Countries, Data, Global, Health, Pharmacy, Economy boost, Guidelines.

INTRODUCTION

The global health workforce is the driving force of viable health systems, and the quality of human resources for health (HRH) is an indicator of healthcare service delivery levels and ultimately of population health outcomes. Investing in health workers' competency and capability is crucial to achieving universal health coverage (UHC) and the United Nations (UN) Sustainable Development Goals (SDGs) by 2030. Fully recognizing this, intergovernmental organization and agencies have developed a series of policy documents and partnerships to drive global transformation of the health workforce [1].

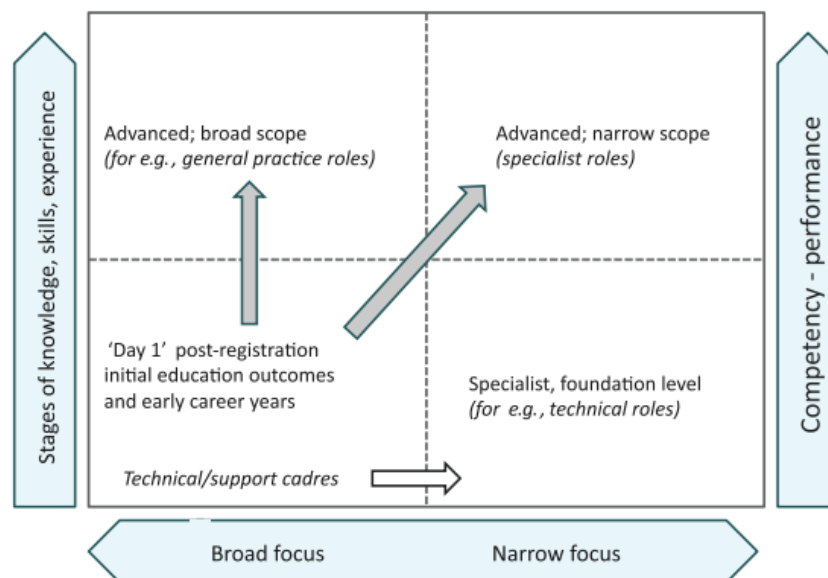


Figure 1: Depicts the differentiation between progressive and expert practice scopes

Table 1: Illustrates the respondent frequencies through WHO region

	Global sample responses	%	All WHO Member States	%
Africa	6	12.5	46	23.7
Eastern Mediterranean	4	8.3	22	11.3
Europe	20	41.7	53	27.3
Pan America	8	16.7	35	18.0
South-East Asia	2	4.2	11	5.7
Western Pacific	8	16.7	27	13.9
Total	48	100	194	100

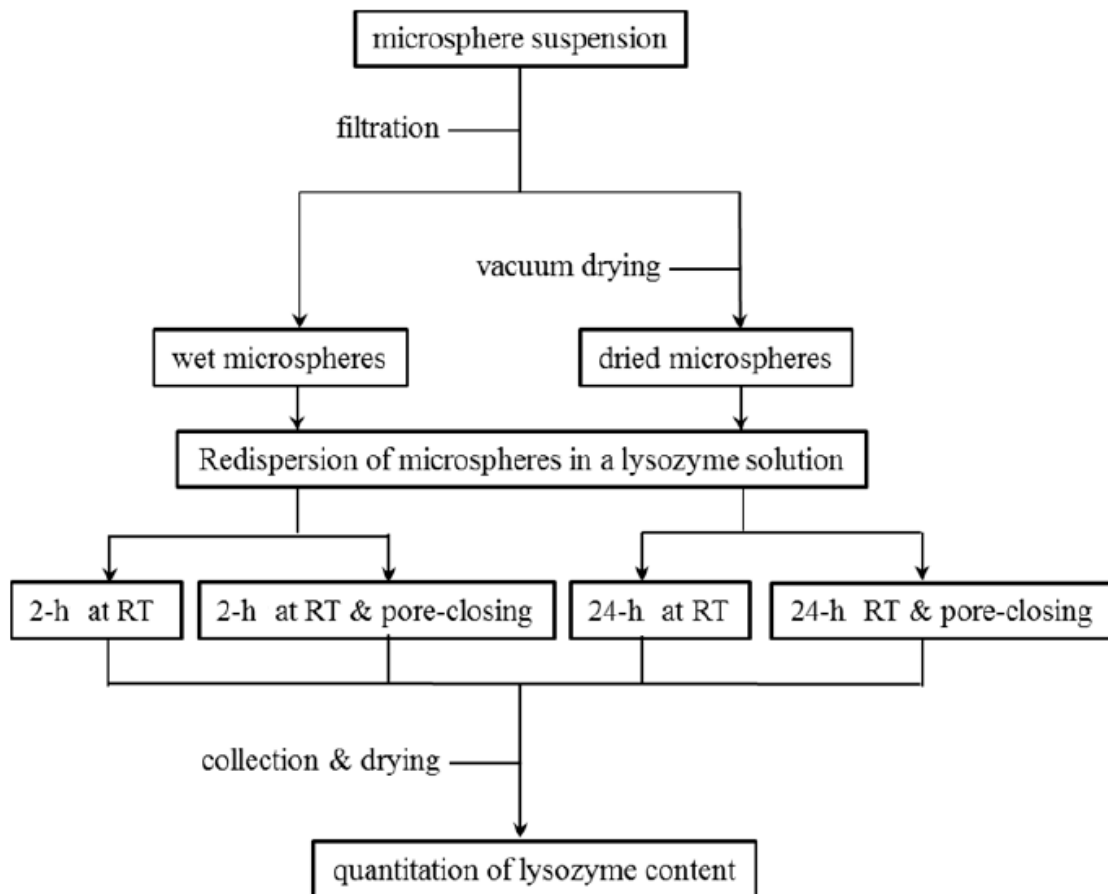


Figure 2: Depicts the schematic illustration of numerous experimental settings [2]

No formal ethical approval was required; however, the FIP (Executive and Board structures) received data collection approval and is on record. It was free for professional associations and organisations approached to choose not to provide information. No data was subject to limitations on privacy [3]. We performed triangulation on any conflicting data in order to validate some single country-level data as multiple data keeping agencies were contacted for some countries; triangulation was by direct communication with the data-providing agencies highlighting the data inconsistencies found and seeking resolution. For two variables, data triangulation resolution was needed in two cases [4]. Before being coded, the dataset was subsequently cleaned and inserted into a database in preparation for review. Descriptive and comparative statistics were used for the study of the cleaned data using the Social Sciences Statistical Kit (SPSS). Frequency counts and valid percentages are recorded (taking account of missing data for certain items) [5].

DISCUSSION

FIP has introduced the PWDGs, which have a target unique to advanced practice and specialization, after this initial survey was carried out (PWDG). This survey of 48 countries and territories was the first of its kind to define the variety of programmes for advanced practice worldwide for specialization and professional recognition. The results show various systems of advanced practice and specialization frequently correlated with economics and income level at country level, with LMICs currently lagging behind in identifying and understanding advanced and specialist practice for the respective workforce at country level. Despite this variation, it is also evident from this global study that, with associated professional recognition, interest in practice advancement is a developing trend worldwide [6].

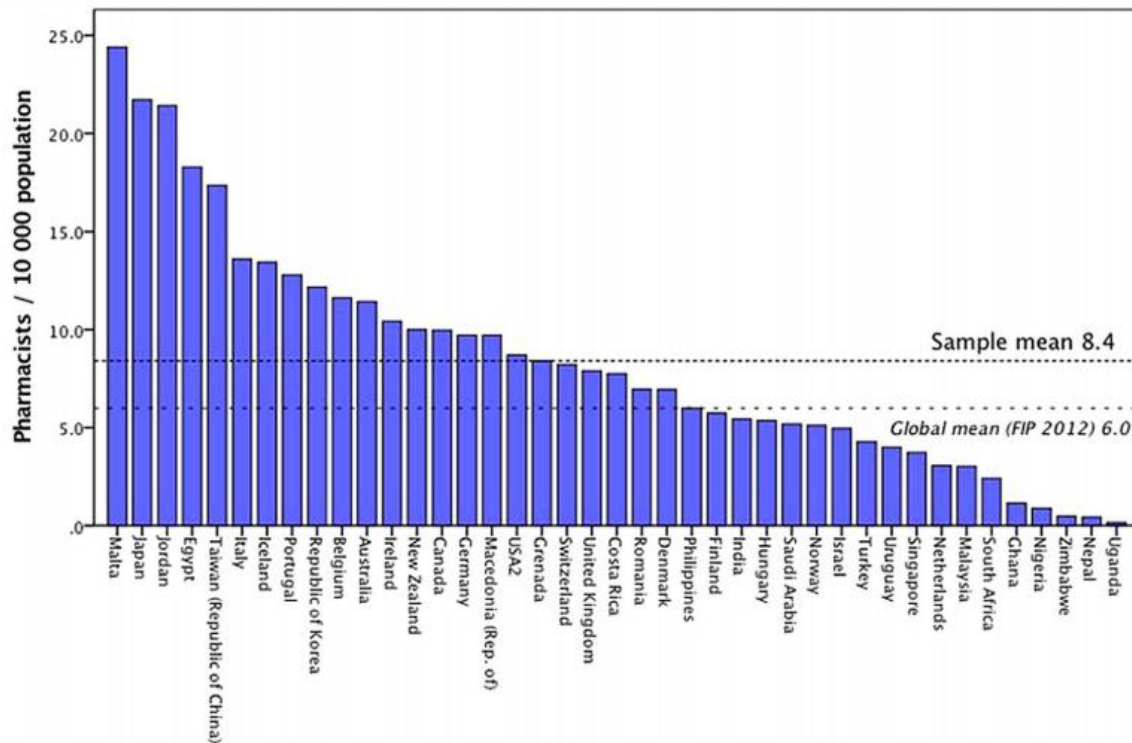


Figure 3: Depicts Pharmacist capacity standardized as per 10 000 population [7]

Figure 1 depicts the differentiation between progressive and expert practice scopes. Figure 2 depicts the schematic illustration of numerous experimental settings. Figure 3 depicts Pharmacist capacity standardized as per 10 000 population. Table 1 illustrates the respondent frequencies through WHO region [8].

CONCLUSION

In order to provide quality health care and advance global health priorities, the WHO 2030 plan is clear that countries need to improve the capacity and organized practise of healthcare professionals. This work is the first global overview of advanced pharmacy procedures and systems of specialization. From the data, it is clear that there are differences in how these systems are developed, described and performed. However, due to growing demand for healthcare needs, there is evidence of increasing momentum with the structuring of advanced-level practises. For low- and middle-income countries, there is a need to support this development so that a 'capacity' gap does not emerge based on limitations arising from economic factors. Building the capacity of sustainable advanced practise and specialization systems is based on a number of variables, but stems from the established demand for structuring practise pathways, resulting in need-based systems that provide patients and populations with quality pharmacy-led primary and secondary care.

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